

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075690

1. Entity Name
ADVANCE CREATIVITY, INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90056 021 ***150.00

Principal Place of Business
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

Mailing Address
151 CRANDON BLVD.
APT. 323
KEY BISCAYNE FL 33149

2. Principal Place of Business
444 BRICKELL AVENUE
SUITE, Apt. #, etc.
1120

3. Mailing Address
444 BRICKELL AVENUE APT 1120
SUITE, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number 65-1032017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENA, J. DAVID
1101 BRICKELL AVENUE
SUITE 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ISAAC, ALVARO
Street Address (P.O. Box Number is Not Acceptable)
35 W Sunrise Avenue
City
CORAL GABLES FL Zip Code
33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *David Pena* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D
ISAAC, ALVARO
STREET ADDRESS
1101 BRICKELL AVENUE SUITE 1100
CITY-ST-ZIP
MIAMI FL 33131 ☐ Delete

TITLE
NAME
D
FADUL DE ISAAC, ISABEL C
STREET ADDRESS
1101 BRICKELL AVENUE SUITE 1100
CITY-ST-ZIP
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
35 W Sunrise Avenue
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
35 W Sunrise Avenue
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Pena* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 6/02

Daytime Phone #

CR2E034 (9/01)